

**LINCOLN MEMORIAL UNIVERSITY
SPECIAL CREDIT REQUEST**

INSTRUCTIONS: Complete, sign, and submit this form to your advisor along with supporting documentation.

Name _____ SS# _____
(Last) (First) (Middle)

Email _____ Phone _____

Equivalent Course *

Prefix** Number Title Hour(s) Credit

- 1) Describe briefly the learning outcomes of the experience(s) upon which you are basing this request.

- 2) Explain the relationship between this request and your overall educational plan or ultimate career goal.

- 3) Submit the following supporting documentation for this request
 - Expanded Resume
 - Detailed Description of Work/Activities
 - Verification of Learning

- 4) Method of Evaluation (Advisor)
 - Product Assessment
 - Oral Interview
 - Written Examination
 - Skills Assessment

* Last 32 credit hours Baccalaureate or last 16 credit hours Associate must be taken at LMU
** See applicable fees in the current LMU Undergraduate catalog

5) Have you previously received any special credit (including experiential credit, etc.) at Lincoln Memorial University or any other institution of higher learning? Yes No
(Please attach explanation on separate sheet; duplicate awards will not be made.)

Signature: _____ Date: _____

APPROVALS:

(Advisor – print/type name) (Advisor’s Signature) (Date)

(Course Instructor – print/type name) (Course Instructor’s Signature) (Date)

(Department Chair – print/type name) (Department Chair’s Signature) (Date)

(Dean – print/type name) (Dean’s Signature) (Date)